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COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 15, No. 6

WEEKLY REPORT

Week Ending February 12, 1966

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

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MEASLES — ONTONAGON COUNTY, MICHIGAN

During the fall of 1965 there was an outbreak of measles in Ontonagon County which affected five of the seven elementary schools. The population of the County is 10,584 and the total enrollment in the seven schools is 3,027 children; of these 1,060 are in kindergarten through third grades. The onset of the earliest case of measles reported was on September 10 and there were peaks of incidence thereafter in early and late October. One case of measles encephalitis is known to have occurred. The epidemic curve of the outbreak of measles in Ontonagon County is shown in Figure 1.

As two of the elementary schools were still unaffected by the first week in December, it was decided to try to prevent the spread of measles to these schools by immunizing the susceptible children.

Before starting the immunization, inquiries were made through a telephone survey of 31 families known to have had one or more cases of measles during the previous 3 months. There were 106 children in these families of whom 77 neither had had measles nor had been vaccinated

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	6th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 6 WEEKS		
	FEBRUARY 12, 1966	FEBRUARY 13, 1965	1961–1965	1966	1965	MEDIAN 1961–1965
Aseptic meningitis	28	25	22	156	173	145
Brucellosis	7	3	9	23	22	31
Diphtheria	4	3	6	16	18	35
Encephalitis, primary:						
Arthropod-borne & unspecified	24	32	---	137	174	---
Encephalitis, post-infectious	12	9	---	76	76	---
Hepatitis, serum	19	770	1,285	121	4,791	6,606
Hepatitis, infectious	710			4,190		
Measles (rubeola)	7,083	8,237	11,214	33,011	42,629	51,041
Poliomyelitis, Total (including unspecified)	1	1	5	2	1	24
Paralytic	1	1	2	1	1	20
Nonparalytic	—	—	---	—	—	---
Meningococcal infections, Total	87	70	60	437	386	328
Civilian	66	69	---	386	371	---
Military	21	1	---	51	15	---
Rubella (German measles)	1,337	---	---	5,505	---	---
Streptococcal sore throat & Scarlet fever	11,486	11,313	10,963	58,136	62,769	54,110
Tetanus	3	4	---	11	20	---
Tularemia	6	4	---	23	37	---
Typhoid fever	4	6	6	29	39	41
Typhus, tick-borne (Rky. Mt. Spotted fever)	—	—	---	7	6	---
Rabies in Animals	92	99	73	436	574	374

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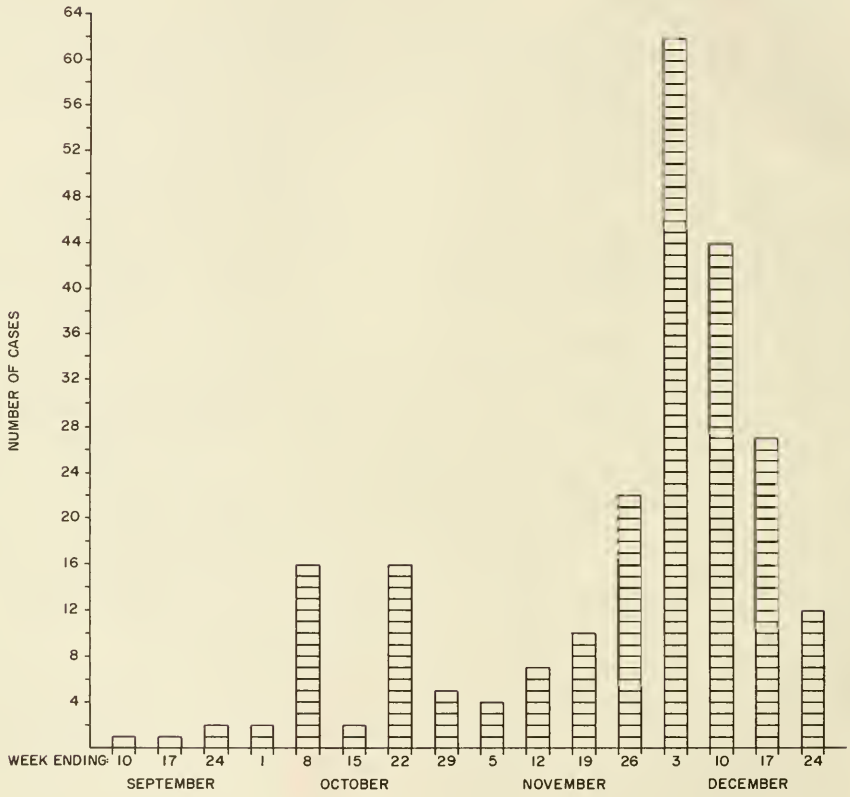
NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	—	Botulism	1
Leptospirosis: N.J.-2	3	Trichinosis: N.J.-1	14
Malaria: NYC-1, Md.-1, Pa.-6, Fla.-1	35	Rabies in Man	—
Psittacosis	6	Rubella, Congenital Syndrome: Colo.-1	2
Typhus, murine: NYUp-State-1	1		

MEASLES – ONTONAGON COUNTY, MICHIGAN

(Continued from front page)

Figure 1
MEASLES EPIDEMIC, ONTONAGON COUNTY, MICHIGAN – 1965
Cases by Week of Onset



against it prior to September 1965. It was found that children in only 2 of the 31 families had had measles vaccine. Of the susceptible 77 children, 59 subsequently contracted measles during the outbreak; 22 of these were pre-school children.

In the two elementary schools not affected by the beginning of December, there were 267 children enrolled in kindergarten through third grades. Live attenuated measles vaccine was given to 110 of these on December 9; the vaccine was then given on the following day to 145 pre-school children in these two school districts. During the succeeding week 30 additional susceptible children in a third district which had been affected earlier were also immunized.

No severe reactions to the measles vaccine have been reported. Since this immunization campaign only four cases of measles have been notified in the two school districts; they occurred in two families among unimmunized pre-school children.

(Reported by Dr. George Agate, Director of Epidemiology, Michigan Department of Health; Mrs. Marion Davison, Public Health Nurse, Ontonagon County Health Department, Michigan; and an EIS Officer.)

CURRENT TRENDS
MENINGOCOCCAL INFECTION – U.S.

A total of 3,039 cases of meningococcal infection has been reported in the United States during the year 1965. This is an increase of 6 percent over the total for 1964 and 38.3 percent more than the median for 1960-64 (Figure 2).

Through the sixth week of 1966 there has been a total of 437 cases reported by State Health Departments to the Communicable Disease Center. The comparable totals for 1964 and 1965 are given in Table 1. Excluding the military cases reported in the 1966 column of this table it is evident that during this 6-week period the incidence of cases of meningococcal infection in civilians is not more than would be expected for the time of year. The incidence in the Armed Forces, however, which is recorded below, shows a marked increase over that for the comparable period in 1965.

(Reported by the Investigations Section, Epidemiology Branch, CDC.)

Figure 2
MENINGOCOCCAL INFECTIONS BY WEEK OF REPORT
1965 AND MEDIAN, 1960-64, UNITED STATES

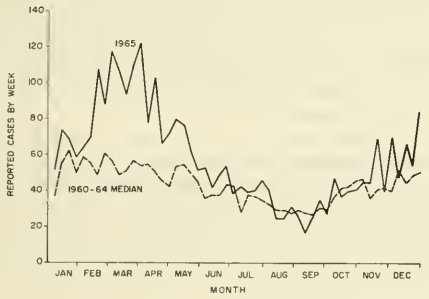


Table 1

MENINGOCOCCAL INFECTIONS – UNITED STATES
Total Cases Reported to CDC
1st Through 6th Week, 1964 to 1966

	1964	1965	1966
United States	328	386(15)*	437(51)*
New England	10	22	24
Middle Atlantic	41	53	71
East North Central	48	51	72
West North Central	13	18	20
South Atlantic	73	85	74
East South Central	28	24	30
West South Central	47	50	47
Mountain	17	8	20
Pacific	51	75	79

*Cases in Armed Forces, reported through State Health Departments.

MENINGOCOCCAL INFECTION – ARMED FORCES IN THE U.S.A.
January 1 through February 14, 1966

Information received direct from the Armed Forces concerning meningococcal infections since January 1, 1966, among new recruits indicates that there has not been any unusual increase in incidence among Navy and Marine personnel. However, there has been an outbreak of meningitis at the Lackland Air Force Base, Texas, and, in the southeastern part of the United States, six Army bases have reported an increased incidence of cases.

The current incidence among new recruits in the Navy and Marines is not above the seasonal expectation. Since January 1 a total of 7 cases with two deaths have occurred; two separate bases were involved. Meningococcus carrier studies in recruits have revealed carrier rates on enlistment that are slightly higher than those of previous years. The range has been from 12 to 27 percent. Over 50 percent of the strains isolated from these carriers have been group B sulfonamide-resistant strains.

Ten cases among recruits with one death have been reported by the Air Force. Seven of the cases and the one death were at the Lackland Air Force Base. These cases all occurred during the week of February 7th; the other three cases were sporadic, each being reported from a different base.

In the Army the increase in cases began in December 1965, primarily in six bases in the southeastern part of the country, and appears to be related to a significant increase in the number of new recruits. In January there were 22 cases and one death at these six bases where, during the first 2 weeks of February, there have been an additional 38 cases with one death. Two of the latter cases were in civilian personnel. At all other Army bases throughout the continental U.S. there have been 25 cases reported in January and 9 cases with one death reported in February. *(Continued on page 44)*

MENINGOCOCCAL INFECTION — ARMED FORCES IN THE U.S.A.

January 1 through February 14, 1966

(Continued from page 43)

The current trend for the Army can be seen from the following summary data from all Army bases in the continental United States:

	1964	1965	1966
December	28	65	—
Through first 6 weeks	—	33	94*

*Including 2 civilian personnel.

(Reported by Captain Jack W. Millar, Director, Preventive Medicine Division, Bureau of Medicine and Surgery, Department of the Navy; Colonel Franklin L. Bolling, Chief, Military Public Health and Occupational Medicine, Department of the Air Forces; and Colonel Adam J. Rapalski, Chief, Preventive Medicine Division, Department of the Army.)

CURRENT TRENDS

INFLUENZA — United States

Type B influenza, first identified in a number of areas as school-centered outbreaks, has now been reported from four States along the Atlantic coast (Georgia, Massachusetts, Florida, and Rhode Island). An influenza-like illness with similar epidemiological and clinical patterns is being investigated in California and Maine.

Pneumonia-influenza deaths which are reported weekly to the CDC by 122 U.S. cities do not parallel the evident prevalence of influenza in some parts of the Country. In the New England and South Atlantic Divisions, mortality data for the week ending February 12 are slightly above the "epidemic threshold" for the first time in recent weeks but this can be intrepreted only as a trend unless and until it is shown to be sustained in future weeks (See Figures 3 and 4, pp 46 and 47).

(Reported by the Influenza-Respiratory Disease Unit, CDC.)

Georgia

Type B influenza was reported in Claxton, Georgia, during December 1965 (MMWR, Vol. 15, No. 3). Since then, an influenza-like illness has been observed in the Atlanta metropolitan area. The Atlanta outbreak, first recognized through increased school absenteeism, appears to involve primarily school-age children. The commonly observed illness is mild, with fever, headache and malaise; it is not infrequently associated with sore throat, nausea and vomiting.

The attack rate of acute febrile respiratory disease noted in a survey of one Atlanta school was 21 percent. Laboratory studies are underway.

(Reported by Dr. John McCroan, Chief Epidemiologist, Georgia Department of Public Health; and EIS Officers from the CDC.)

Massachusetts

Outbreaks of type B influenza in the eastern half of the State (MMWR, Vol. 15, Nos. 3 and 5) are declining. However, spread to the western half is becoming evident as measured by school absentee rates in scattered areas of up to 20 percent. In the Boston metropolitan area evidence of influenza has decreased, but in Worcester increasing school absentee rates and absenteeism of up to 15 percent of employees in certain industries have been reported.

In many areas visits to emergency wards and to hospital outpatient departments suggest the likely involvement of adults in the outbreak. Hospital admissions for pneumonia are likewise reported to have increased above the average for the time of year.

(Reported by Dr. Nicholas J. Fiumara, Director, Division of Communicable Disease, Department of Health, Boston, Massachusetts.)

Florida

An influenza-like illness first noted in Orange and Hillsborough Counties in Florida during early November 1965 is still continuing to occur in certain parts of the State. The most heavily involved areas are in Lake and Orange Counties, including the city of Orlando. Not quite so seriously affected are Hillsborough County and the city of St. Petersburg. Apart from a low level of incidence in Dade County, including Miami, the east coast of Florida has been notably free from the illness.

The illness has affected all age groups with the exception of the St. Petersburg outbreak which involved primarily high-school-age children and caused an absentee rate of 25 percent.

Strains of type B influenza virus have been isolated from specimens collected from patients in Hillsborough County. In Dade and Collier Counties type B influenza has been confirmed through serological studies. Preliminary laboratory studies indicate that the St. Petersburg school outbreak was also due to type B influenza.

(Reported by Dr. E. Charlton Prather, Epidemiologist, Florida State Board of Health.)

Rhode Island

A febrile illness subsequently confirmed by laboratory studies as being due to type B influenza virus, was first noted in Rhode Island during late January of this year. During the first 2 weeks of February the reported incidence of influenza-like illness has already reached the level reported for the whole of February 1965. The southwestern portion of the State is reported to be more heavily affected, particularly the towns of South Kingston, Richmond, Charleston and Hopkinton. In Providence and Pawtucket, starting in the last week of January, there was an absentee rate in junior high and high schools of greater than 25 percent. In other areas of the State, the unusual numbers of children absent from schools indicate a more generalized epidemic. So far, observations indicate that school-age children are predominantly affected.

Paired sera obtained from three adult patients with this influenza-like illness, who were admitted to hospital in Providence, have shown significant rises in complement fixation titers for type B influenza.

(Reported by Dr. James E. Bowes, State Epidemiologist, Rhode Island Department of Health.)

California

Outbreaks of an influenza-like illness are under investigation in many parts of the State. Predominantly school-centered and first reported in the town of Indio southeast of Los Angeles, outbreaks have since been recognized in areas of Santa Cruz, Santa Clara, Ventura, Los Angeles, Sacramento, San Mateo and Alameda Counties.

Clinically the illness is characterized by an acute onset with high fever, headache, pharyngitis, malaise, myalgia and non-productive cough. Gastrointestinal complaints have not been common features. Both the elementary and secondary schools have experienced elevated absentee rates. There has been little evidence of rising absenteeism in industry.

Increased numbers of visits to emergency wards and outpatient clinics have been reported, although general hospital admissions have not been influenced noticeably. Reported influenza and pneumonia mortality in the larger cities of the State are not above the seasonal expectation.

Virus isolation procedures and serological studies are underway.

(Reported by Dr. Henry Renteln, California State Department of Public Health; and an EIS Officer.)

Maine

Beginning early in February, increasing absenteeism in widely scattered schools has been related to an influenza-like illness. The schools in Washington County along the northern Maine coast, particularly in the Machias area, have been affected; some schools have been closed temporarily because of the numbers of children absent.

In Waterville, north of Augusta, the current high school absentee rate is reported to be around 20 percent. Students at the University of Maine in Orono are also affected by similar influenza-like illness. As judged by the level of absences from industry in the areas involved, the adult population has not been noticeably affected by the illness.

Laboratory studies of specimens from typical cases are in progress but an etiologic agent has not yet been identified.

(Reported by Dr. Dean Fisher, Commissioner and Acting Director of Health and State Epidemiologist, Maine Department of Health and Welfare.)

INTERNATIONAL NOTES
INFLUENZA

Since October 1965 laboratory confirmed influenza outbreaks have been reported from six countries in addition to the United States: Czechoslovakia, Hungary, Romania, Great Britain, the Netherlands, and Thailand. Based on reports published in the WHO Weekly Epidemiological Record, the first four of these six countries have experienced type B influenza, Great Britain, both type A2 and B, and Thailand, type A2 alone. The outbreaks in Czechoslovakia, Hungary, and Romania, all identified by repeated isolations of type B influenza virus and serological tests, may represent regional spread of the illness.

Czechoslovakia

Beginning in the second half of September, localized cases of influenza were reported from several areas of Czechoslovakia, particularly Eastern Slovakia. During the succeeding 2 months, the outbreak gradually moved westward to involve Moravia and Bohemia. Type B virus was isolated in numerous areas and serological confirmations of infection were likewise obtained in various outbreaks. The disease was mild, was noted to affect children predominantly, and occurred in circumscribed epidemics.

Hungary

In the last week of October, an increased incidence of mild influenza-like disease was noted in the towns of Kaposvar and Csongrad in southern Hungary. Several strains of type B influenza virus were recovered in the former town and serological identification of influenza type B was made elsewhere. Spread to the north and east

(Continued on page 52)

Figure 3
PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES

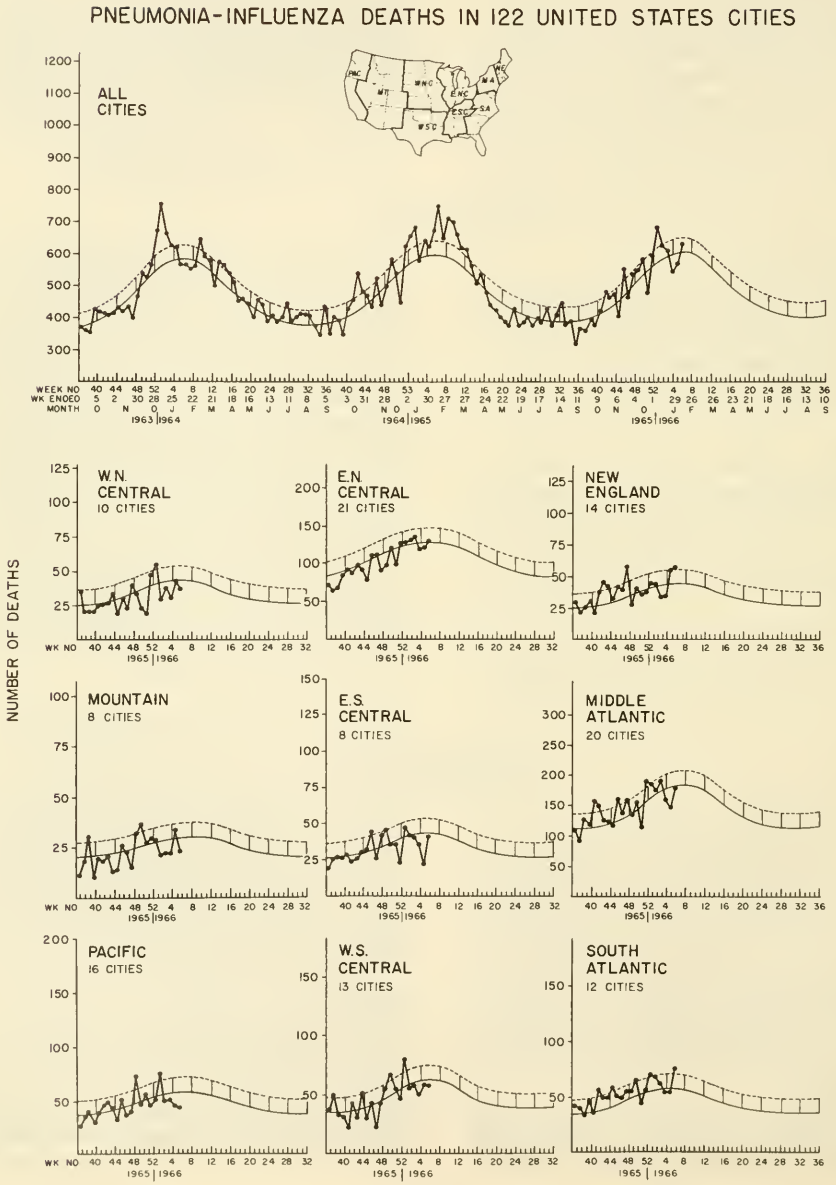
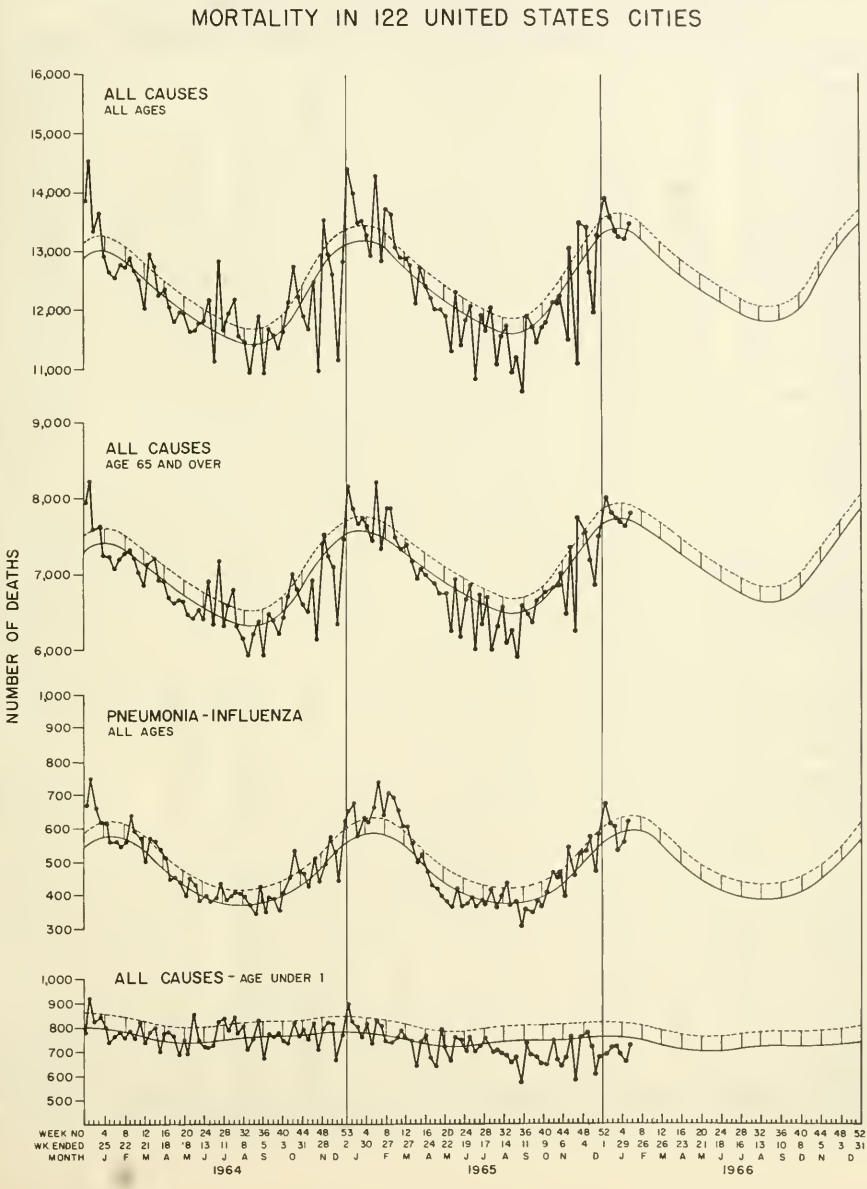


Figure 4
MORTALITY IN 122 UNITED STATES CITIES



CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
FEBRUARY 12, 1966 AND FEBRUARY 13, 1965 (6th WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	ENCEPHALITIS			DIPHTHERIA		HEPATITIS		
				Primary including unsp. cases		Post-Infectious			Serum	Infectious	Both Types
	1966	1965	1966	1966	1965	1966	1966	1965	1966	1966	1965
UNITED STATES...	28	25	7	24	22	12	4	3	19	710	770
NEW ENGLAND.....	-	2	-	3	2	1	-	1	-	30	42
Maine.....	-	-	-	-	-	-	-	-	-	10	8
New Hampshire.....	-	-	-	-	-	-	-	-	-	3	5
Vermont.....	-	-	-	-	-	-	-	-	-	-	1
Massachusetts.....	-	2	-	1	1	1	-	1	-	8	18
Rhode Island.....	-	-	-	2	1	-	-	-	-	8	6
Connecticut.....	-	-	-	-	-	-	-	-	-	1	4
MIDDLE ATLANTIC.....	2	5	-	7	2	2	-	1	10	104	99
New York City.....	-	1	-	3	2	-	-	-	5	19	23
New York, Up-State.	-	1	-	1	-	1	-	-	-	27	46
New Jersey.....	1	-	-	2	-	-	-	-	5	14	9
Pennsylvania.....	1	3	-	1	-	1	-	1	-	44	21
EAST NORTH CENTRAL...	1	2	-	4	4	2	1	-	1	121	187
Ohio.....	1	-	-	-	2	-	-	-	-	30	58
Indiana.....	-	-	-	-	-	-	-	-	-	14	13
Illinois.....	-	-	-	1	2	2	-	-	1	24	25
Michigan.....	-	2	-	3	-	-	1	-	-	46	90
Wisconsin.....	-	-	-	-	-	-	-	-	-	7	1
WEST NORTH CENTRAL...	1	1	4	1	5	-	-	-	-	29	35
Minnesota.....	-	1	-	-	2	-	-	-	-	9	4
Iowa.....	-	-	-	-	-	-	-	-	-	4	14
Missouri.....	1	-	1	1	-	-	-	-	-	6	8
North Dakota.....	-	-	-	-	-	-	-	-	-	1	-
South Dakota.....	-	-	-	-	-	-	-	-	-	-	1
Nebraska.....	-	-	2	-	-	-	-	-	-	-	1
Kansas.....	-	-	1	-	3	-	-	-	-	9	7
SOUTH ATLANTIC.....	4	9	1	3	8	1	3	-	2	59	79
Delaware.....	-	-	-	-	-	-	-	-	-	1	5
Maryland.....	-	-	-	-	-	1	-	-	-	16	14
Dist. of Columbia..	-	-	-	-	-	-	-	-	-	1	-
Virginia.....	-	-	1	-	1	-	-	-	1	9	8
West Virginia.....	1	-	-	-	-	-	-	-	-	6	15
North Carolina.....	-	-	-	3	-	-	-	-	-	13	6
South Carolina.....	1	1	-	-	-	-	-	-	-	1	7
Georgia.....	-	-	-	-	-	-	1	-	-	-	-
Florida.....	2	8	-	-	7	-	2	-	1	12	24
EAST SOUTH CENTRAL...	7	-	-	1	1	2	-	1	-	66	68
Kentucky.....	4	-	-	-	1	2	-	-	-	26	19
Tennessee.....	-	-	-	-	-	-	-	-	-	27	34
Alabama.....	3	-	-	-	-	-	-	1	-	4	9
Mississippi.....	-	-	-	1	-	-	-	-	-	9	6
WEST SOUTH CENTRAL...	5	1	1	-	-	1	-	-	-	64	75
Arkansas.....	-	-	-	-	-	1	-	-	-	8	23
Louisiana.....	1	-	-	-	-	-	-	-	-	6	15
Oklahoma.....	-	-	1	-	-	-	-	-	-	4	1
Texas.....	4	1	-	-	-	-	-	-	-	46	36
MOUNTAIN.....	-	1	-	2	-	-	-	-	1	46	59
Montana.....	-	-	-	1	-	-	-	-	-	3	4
Idaho.....	-	-	-	-	-	-	-	-	-	-	7
Wyoming.....	-	-	-	-	-	-	-	-	-	2	4
Colorado.....	-	-	-	1	-	-	-	-	1	15	11
New Mexico.....	-	-	-	-	-	-	-	-	-	13	9
Arizona.....	-	1	-	-	-	-	-	-	-	9	20
Utah.....	-	-	-	-	-	-	-	-	-	4	4
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	8	4	1	3	-	3	-	-	5	191	126
Washington.....	-	-	-	-	-	-	-	-	-	18	8
Oregon.....	-	-	-	-	-	-	-	-	-	29	10
California.....	8	3	1	3	-	3	-	-	5	143	93
Alaska.....	-	-	-	-	-	-	-	-	-	1	15
Hawaii.....	-	1	-	-	-	-	-	-	-	-	-
Puerto Rico.....	-	-	-	-	-	-	1	-	-	9	32

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

FEBRUARY 12, 1966 AND FEBRUARY 13, 1965 (6th WEEK) - Continued

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			POLIOMYELITIS				RUBELLA
							Total		Paralytic		
	1966	Cumulative		1966	Cumulative		1966	1965	1966	Cumulative 1966	1966
		1966	1965		1966	1965					
UNITED STATES...	7,083	33,011	42,629	87	437	386	1	1	1	1	1,337
NEW ENGLAND.....	87	459	10,876	4	24	22	-	-	-	-	160
Maine.....	9	48	1,222	-	-	5	-	-	-	-	2
New Hampshire.....	-	5	184	-	7	1	-	-	-	-	5
Vermont.....	19	136	105	-	1	-	-	-	-	-	7
Massachusetts.....	48	159	6,430	2	8	10	-	-	-	-	93
Rhode Island.....	3	32	1,277	-	2	2	-	-	-	-	9
Connecticut.....	8	79	1,658	2	6	4	-	-	-	-	44
MIDDLE ATLANTIC.....	1,137	5,056	1,483	9	71	53	-	-	-	-	76
New York City.....	595	2,559	174	-	14	11	-	-	-	-	41
New York, Up-State.	170	599	521	3	15	10	-	-	-	-	35
New Jersey.....	118	447	238	4	23	23	-	-	-	-	-
Pennsylvania.....	254	1,451	550	2	19	9	-	-	-	-	-
EAST NORTH CENTRAL...	2,694	13,087	7,564	15	72	51	-	-	-	-	342
Ohio.....	107	711	1,378	4	24	16	-	-	-	-	29
Indiana.....	68	471	328	2	7	7	-	-	-	-	31
Illinois.....	466	2,617	230	7	13	13	-	-	-	-	24
Michigan.....	475	2,130	4,156	1	19	8	-	-	-	-	117
Wisconsin.....	1,578	7,158	1,472	1	9	7	-	-	-	-	141
WEST NORTH CENTRAL...	328	1,311	3,381	3	20	18	-	-	-	-	72
Minnesota.....	111	519	55	2	5	3	-	-	-	-	8
Iowa.....	165	439	1,882	-	4	-	-	-	-	-	56
Missouri.....	16	81	347	-	6	9	-	-	-	-	-
North Dakota.....	30	255	983	-	-	3	-	-	-	-	8
South Dakota.....	-	2	23	-	1	1	-	-	-	-	-
Nebraska.....	6	15	91	1	1	-	-	-	-	-	-
Kansas.....	NN	NN	NN	-	3	2	-	-	-	-	-
SOUTH ATLANTIC.....	458	2,889	5,993	9	74	85	-	-	-	-	41
Delaware.....	6	41	79	-	-	2	-	-	-	-	3
Maryland.....	131	521	116	-	8	5	-	-	-	-	6
Dist. of Columbia..	30	129	9	-	-	3	-	-	-	-	-
Virginia.....	34	220	829	2	7	13	-	-	-	-	3
West Virginia.....	220	1,411	4,377	-	3	6	-	-	-	-	17
North Carolina.....	2	37	101	4	17	13	-	-	-	-	-
South Carolina.....	17	132	55	1	14	8	-	-	-	-	1
Georgia.....	-	34	161	-	5	15	-	-	-	-	-
Florida.....	18	364	266	2	20	20	-	-	-	-	11
EAST SOUTH CENTRAL...	990	4,320	2,109	15	30	24	-	-	-	-	190
Kentucky.....	436	1,772	156	11	16	7	-	-	-	-	142
Tennessee.....	503	2,395	1,388	2	10	10	-	-	-	-	47
Alabama.....	40	81	407	1	3	7	-	-	-	-	1
Mississippi.....	11	72	158	1	1	-	-	-	-	-	-
WEST SOUTH CENTRAL...	585	2,233	4,157	14	47	50	1	1	1	1	1
Arkansas.....	1	24	142	1	5	4	-	-	-	-	1
Louisiana.....	7	25	8	1	9	20	-	-	-	-	-
Oklahoma.....	11	21	38	-	2	6	1	-	1	1	-
Texas.....	566	2,163	3,969	12	31	20	-	1	-	-	-
MOUNTAIN.....	357	1,474	3,569	6	20	8	-	-	-	-	201
Montana.....	22	255	1,252	-	2	-	-	-	-	-	3
Idaho.....	-	224	540	-	-	-	-	-	-	-	56
Wyoming.....	2	21	95	1	1	-	-	-	-	-	-
Colorado.....	40	149	489	3	13	3	-	-	-	-	13
New Mexico.....	-	4	86	-	1	1	-	-	-	-	-
Arizona.....	276	764	95	2	2	2	-	-	-	-	127
Utah.....	17	53	1,006	-	-	1	-	-	-	-	2
Nevada.....	-	4	6	-	1	1	-	-	-	-	-
PACIFIC.....	447	2,182	3,497	12	79	75	-	-	-	-	254
Washington.....	102	636	942	-	5	-	-	-	-	-	108
Oregon.....	40	220	651	-	3	6	-	-	-	-	28
California.....	295	1,294	1,467	12	61	68	-	-	-	-	104
Alaska.....	5	7	38	-	8	1	-	-	-	-	5
Hawaii.....	5	25	399	-	2	-	-	-	-	-	9
Puerto Rico.....	101	379	186	-	-	2	-	-	-	-	-

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
FEBRUARY 12, 1966 AND FEBRUARY 13, 1965 (6th WEEK) - Continued

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966
UNITED STATES...	11,486	3	11	6	23	4	29	-	7	92	436
NEW ENCLAND.....	1,542	-	1	-	-	-	1	-	-	-	3
Maine.....	130	-	-	-	-	-	-	-	-	-	-
New Hampshire.....	128	-	-	-	-	-	-	-	-	-	-
Vermont.....	92	-	-	-	-	-	-	-	-	-	3
Massachusetts.....	328	-	1	-	-	-	-	-	-	-	-
Rhode Island.....	81	-	-	-	-	-	-	-	-	-	-
Connecticut.....	783	-	-	-	-	-	1	-	-	-	-
MIDDLE ATLANTIC.....	435	2	3	-	-	-	8	-	1	11	39
New York City.....	29	2	3	-	-	-	4	-	-	-	-
New York, Up-State.	328	-	-	-	-	-	2	-	-	11	37
New Jersey.....	-	-	-	-	-	-	2	-	-	-	-
Pennsylvania.....	78	-	-	-	-	-	-	-	1	-	2
EAST NORTH CENTRAL...	820	-	-	3	6	-	6	-	-	10	49
Ohio.....	103	-	-	1	3	-	3	-	-	5	30
Indiana.....	384	-	-	-	1	-	1	-	-	3	7
Illinois.....	136	-	-	2	2	-	-	-	-	-	2
Michigan.....	-	-	-	-	-	-	1	-	-	1	5
Wisconsin.....	197	-	-	-	-	-	1	-	-	1	5
WEST NORTH CENTRAL...	512	-	-	-	2	1	1	-	1	22	120
Minnesota.....	17	-	-	-	-	-	-	-	-	3	21
Iowa.....	198	-	-	-	-	-	-	-	-	5	23
Missouri.....	28	-	-	-	-	-	-	-	-	9	55
North Dakota.....	194	-	-	-	-	-	-	-	-	-	3
South Dakota.....	11	-	-	-	-	-	-	-	-	2	13
Nebraska.....	2	-	-	-	-	-	-	-	-	-	2
Kansas.....	62	-	-	-	2	1	1	-	1	3	3
SOUTH ATLANTIC.....	931	-	3	-	5	2	8	-	5	14	57
Delaware.....	22	-	-	-	-	-	-	-	-	-	-
Maryland.....	120	-	-	-	-	-	-	-	-	-	-
Dist. of Columbia..	-	-	-	-	-	-	-	-	-	-	-
Virginia.....	288	-	-	-	2	2	5	-	1	13	45
West Virginia.....	331	-	-	-	1	-	1	-	-	-	5
North Carolina.....	20	-	-	-	2	-	1	-	3	-	-
South Carolina.....	24	-	1	-	-	-	-	-	-	-	-
Ceorgia.....	5	-	2	-	-	-	-	-	1	1	5
Florida.....	121	-	-	-	-	-	1	-	-	-	2
EAST SOUTH CENTRAL...	1,548	-	-	3	8	-	1	-	-	11	63
Kentucky.....	289	-	-	-	2	-	-	-	-	2	10
Tennessee.....	997	-	-	1	4	-	1	-	-	9	51
Alabama.....	147	-	-	2	2	-	-	-	-	-	2
Mississippi.....	115	-	-	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL...	1,099	1	2	-	1	-	1	-	-	16	80
Arkansas.....	4	-	-	-	-	-	-	-	-	1	7
Louisiana.....	3	1	2	-	-	-	-	-	-	1	6
Oklahoma.....	64	-	-	-	-	-	1	-	-	2	6
Texas.....	1,028	-	-	-	1	-	-	-	-	12	61
MOUNTAIN.....	2,479	-	-	-	-	-	2	-	-	1	5
Montana.....	47	-	-	-	-	-	-	-	-	-	1
Idaho.....	144	-	-	-	-	-	-	-	-	-	-
Wyoming.....	4	-	-	-	-	-	-	-	-	-	-
Colorado.....	1,317	-	-	-	-	-	-	-	-	-	-
New Mexico.....	282	-	-	-	-	-	-	-	-	-	-
Arizona.....	322	-	-	-	-	-	1	-	-	1	4
Utah.....	351	-	-	-	-	-	1	-	-	-	-
Nevada.....	12	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	2,120	-	2	-	1	1	1	-	-	7	20
Washington.....	635	-	-	-	-	-	-	-	-	-	-
Oregon.....	64	-	-	-	-	-	-	-	-	-	-
California.....	1,287	-	2	-	1	1	1	-	-	7	20
Alaska.....	57	-	-	-	-	-	-	-	-	-	-
Hawaii.....	77	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	6	-	-	-	-	-	-	-	-	-	-

Week No. 6

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED FEBRUARY 12, 1966

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
NEW ENGLAND:	871	543	56	56
Boston, Mass.	289	177	15	13
Bridgeport, Conn.	46	19	4	1
Cambridge, Mass.	29	17	-	1
Fall River, Mass.	38	26	2	-
Hartford, Conn.	37	20	4	1
Lowell, Mass.	51	37	4	1
Lynn, Mass.	27	21	4	1
New Bedford, Mass.	31	24	4	-
New Haven, Conn.	73	33	1	19
Providence, R. I.	77	56	4	4
Somerville, Mass.	26	22	2	-
Springfield, Mass.	47	32	3	3
Waterbury, Conn.	40	23	1	6
Worcester, Mass.	60	36	8	6
MIDDLE ATLANTIC:	3,513	2,072	180	167
Albany, N. Y.	46	26	3	5
Allentown, Pa.	43	30	2	1
Buffalo, N. Y.	168	100	6	11
Camden, N. J.	50	29	4	4
Elizabeth, N. J.	34	23	3	1
Erie, Pa.	41	21	3	3
Jersey City, N. J.	81	44	5	8
Newark, N. J.	97	49	5	9
New York City, N. Y.	1,742	1,027	97	66
Paterson, N. J.	28	13	1	3
Philadelphia, Pa.	492	287	8	24
Pittsburgh, Pa.	219	130	9	9
Reading, Pa.	78	51	9	2
Rochester, N. Y.	118	70	6	8
Schenectady, N. Y.	29	15	-	1
Scranton, Pa.	41	29	2	3
Syracuse, N. Y.	80	49	6	3
Trenton, N. J.	48	25	1	4
Utica, N. Y.	33	23	8	1
Yonkers, N. Y.	45	31	2	1
EAST NORTH CENTRAL:	2,893	1,675	129	172
Akron, Ohio	64	42	-	2
Canton, Ohio	39	29	2	-
Chicago, Ill.	895	492	42	55
Cincinnati, Ohio	227	144	16	12
Cleveland, Ohio	212	130	3	14
Columbus, Ohio	113	61	4	9
Dayton, Ohio	87	60	13	4
Detroit, Mich.	383	194	14	18
Evansville, Ind.	56	33	5	1
Flint, Mich.	49	25	-	4
Fort Wayne, Ind.	41	29	2	2
Gary, Ind.	38	23	2	1
Grand Rapids, Mich.	54	37	4	3
Indianapolis, Ind.	185	106	9	16
Madison, Wis.	31	16	-	2
Milwaukee, Wis.	149	88	3	8
Peoria, Ill.	49	27	-	5
Rockford, Ill.*	35	20	4	2
South Bend, Ind.	20	16	1	-
Toledo, Ohio	114	71	4	8
Youngstown, Ohio	52	32	1	6
WEST NORTH CENTRAL:	842	528	36	39
Des Moines, Iowa	58	34	3	6
Duluth, Minn.	10	5	-	-
Kansas City, Kans.	40	25	6	4
Kansas City, Mo.	126	80	1	6
Lincoln, Nebr.	25	15	-	1
Minneapolis, Minn.	116	65	1	5
Omaha, Nebr.	78	51	2	4
St. Louis, Mo.	242	158	15	7
St. Paul, Minn.	94	61	4	3
Wichita, Kans.	53	34	4	3
SOUTH ATLANTIC:	1,394	730	75	84
Atlanta, Ga.	142	73	7	8
Baltimore, Md.	346	184	10	22
Charlotte, N. C.	50	22	2	6
Jacksonville, Fla.	77	42	5	6
Miami, Fla.	105	58	1	3
Norfolk, Va.	57	25	6	4
Richmond, Va.	96	50	6	7
Savannah, Ga.	41	18	5	5
St. Petersburg, Fla.	97	79	3	2
Tampa, Fla.	92	50	12	6
Washington, D. C.	244	102	17	14
Wilmington, Del.	47	27	1	1
EAST SOUTH CENTRAL:	641	352	41	22
Birmingham, Ala.	118	55	1	2
Chattanooga, Tenn.	47	26	5	4
Knoxville, Tenn.	24	10	1	2
Louisville, Ky.	119	72	16	2
Memphis, Tenn.	128	75	5	2
Mobile, Ala.	56	29	4	4
Montgomery, Ala.	34	20	3	2
Nashville, Tenn.	115	65	6	4
WEST SOUTH CENTRAL:	1,221	664	57	90
Austin, Tex.	46	26	10	2
Baton Rouge, La.	36	21	2	5
Corpus Christi, Tex.	35	18	-	1
Dallas, Tex.	166	83	6	13
El Paso, Tex.	39	21	2	4
Fort Worth, Tex.	92	49	2	10
Houston, Tex.	209	104	5	8
Little Rock, Ark.	69	40	5	1
New Orleans, La.	208	117	3	16
Oklahoma City, Okla.	82	44	3	9
San Antonio, Tex.	127	76	8	11
Shreveport, La.	56	35	9	4
Tulsa, Okla.	56	30	2	6
MOUNTAIN:	419	241	23	27
Albuquerque, N. Mex.	42	26	6	1
Colorado Springs, Colo.	26	18	4	2
Denver, Colo.	117	61	4	8
Ogden, Utah	14	7	1	2
Phoenix, Ariz.	104	61	3	8
Pueblo, Colo.	17	11	1	1
Salt Lake City, Utah	44	24	1	3
Tucson, Ariz.	55	33	3	2
PACIFIC:	1,613	954	43	78
Berkeley, Calif.	21	14	1	-
Fresno, Calif.	45	21	2	9
Glendale, Calif.	32	20	-	2
Honolulu, Hawaii	52	22	-	5
Long Beach, Calif.	78	46	-	4
Los Angeles, Calif.	535	317	17	20
Oakland, Calif.	116	69	1	8
Pasadena, Calif.	23	17	-	-
Portland, Oreg.	65	32	2	3
Sacramento, Calif.	86	57	-	4
San Diego, Calif.	118	71	3	5
San Francisco, Calif.	209	123	6	11
San Jose, Calif.	26	16	3	1
Seattle, Wash.	117	71	5	4
Spokane, Wash.	54	36	2	1
Tacoma, Wash.	36	22	1	1
Total	13,407	7,759	640	735

*Estimate - based on average percent of divisional total.

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages	80,280
All Causes, Age 65 and over	46,409
Pneumonia and Influenza, All Ages	3,713
All Causes, Under 1 Year of Age	4,196

UNIVERSITY OF FLORIDA
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INTERNATIONAL NOTES
INFLUENZA

(Continued from page 45)

was observed with only sporadic cases reported in Budapest but with a particular prevalence in Balassagyarmat where some 10 percent of the total population was reportedly affected in a single week (November 18-25). By middle to late December, the outbreaks had begun to decline.

Great Britain

Influenza in Great Britain (MMWR, Vol. 15, No. 4) is still reported to predominate in the northern half of the country where school-centered outbreaks continue to be particularly characteristic of the initial involvement of a community. Such is the case in the western parts of Scotland, especially Glasgow and its environs, where laboratory confirmation of type B influenza has been repeatedly reported. Additional evidence supports the early observation that type A2 influenza infection in adults may parallel the type B illnesses seen in school children. It is not yet possible, however, to determine the uniformity of this phenomenon.

Influenza mortality reported from England and Wales continues to show a marked increase in recent weeks. During the first 5 weeks of 1966, 515 deaths have been recorded in contrast to 92 registered in the comparable period of 1965. During the week ended February 5 alone, 264 influenza deaths were reported while 111 had been listed in the previous week of 1966. Both figures are many times higher than the 19 and 17 influenza deaths recorded for comparable weeks in 1965. Greater London has not contributed to these mortality increases, the levels there being within the seasonal average. Slightly more than 50 percent of the influenza deaths reported in England and Wales are occurring in individuals aged 75 years or more and 94 percent in those aged 45 and over.

Romania

Romania reported a focus of influenza-like disease in the town of Timisoara less than 100 miles southeast of Csongrad, Hungary, during December. Five strains of type B influenza virus were isolated from patients there and serological evidence of influenza B infection obtained. No additional information has yet been reported on the progress of the epidemic in Romania.

Netherlands

Localized outbreaks of influenza, classified clinically as mild and recognized early in January 1966, have been reported from certain areas of the Netherlands. A few strains of type B influenza virus have been isolated from military and civilian patients.

(Reported by the Influenza-Respiratory Disease Unit, CDC.)

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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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